

Title: Kénéya Ciwara, a community Health program in Mali: What works, What Doesn't Work

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Department: Health

Description: Kénéya Ciwara, a successful high impact health interventions project is contributing to improve maternal and child indicators in rural community of Mali.

Keywords: High impact interventions - Maternal and child Health indicators –

Geographic area: 13 districts in Mali

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The “USAID district level health project” called “Kénéya Ciwara” is one of the successful health projects of USAID Mali in the last five years. Kénéya Ciwara aims to improve the access, quality and use of high impact health services and ensure the adoption of community and household key health practices by the communities and households in 13 districts (*cercles*) and the district of Bamako. The high impact health services are related to child survival (vaccination, malaria, diarrhea disease, nutrition and vitamin A), family planning and reproductive health. Kénéya Ciwara is implemented by a consortium of international and national NGO led by CARE. The other members of the consortium are JHU/CCP, IntraHealth International, Action Against Hunger, and Groupe Pivot Santé Population.

The final evaluation (April 2008) of Kénéya Ciwara project has shown that apart from oral rehydration therapy (ORT), all indicators have greatly improved compared to the baseline (April 2004). The final evaluation has shown that the level of the following indicators are even better than that reported in the Mali DHS 2006: use of insecticide treated nets (ITN) by pregnant women increased from 7% to 32% and that for children from 10% to 42%, pregnant women receiving 2 doses of Sulfadoxine Pyrimethamine (SP) increased from 0.3% to 22.5%, modern contraceptive prevalence increased from 7% to 9%.

Mother and children's health indicators improved significantly, but some challenges remain still.

What works

The success of *Kénéya Ciwara* is mainly due to (1) community mobilization through the 4,000 trained and equipped community “*relais*” leading to increased demand and use of services provided at CSCOM and community levels and the promotion and adoption of key family health practices; (2) the creation of synergy between USAID health project partners such as PSI and Netmark to improve access to key health commodities like insecticide-treated net (ITN), Sulfadoxine Pyrimethamine (SP) and contraceptives, and PGP for building and improving partnership between the ASACOs and communes; (3) the quality improvement initiative called “Gold Ciwara” initiative engaging communities in defining and putting in place the quality of services that suits them in their community health center (CSCOM).

What doesn't works

Although good results were achieved in maternal and child survival health indicators improvement, *Kénéya Ciwara* is still facing the following challenges: (i) inadequate coverage of households by the “*relais*”: their number should at least be doubled to have an adequate coverage of households; (ii) the supervision and motivation of “*relais*” should be regularly ensured by the ASACO/CSCOM; (iii) less than 50% of the ASACOs were performing well. Therefore, performance of the ASACOs in terms of governance and management and resources mobilization needs more focus.

The *Kénéya Ciwara* follow-on project will address these challenges.



A female community “*relais*” conducting a behavior Change Communication (BCC) session with a women group



“Gold Ciwara” label



Nurse administrating vaccine to a child